

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15496

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** FAITH DELIVERANCE PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:**

P O BOX 1324  
EAST PALATKA, FL 32131

**New Principal Place of Business:**

208 CLEVELAND AVENUE  
PALATKA, FL 32177

**Current Mailing Address:**

P O BOX 1324  
EAST PALATKA, FL 32131 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, K  
100 MEMORIAL PKWY  
D212  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, KEITH  
Address: 208 CLEVELAND AVE.  
City-St-Zip: PALATKA, FL 32177

Title: TP ( ) Delete  
Name: THOMAS, ELOUISE  
Address: 208 CLEVELAND AVE  
City-St-Zip: PALATKA, FL 32177

Title: TP ( ) Delete  
Name: BAKER, ONA,  
Address: 225 BERNKIAM ST.  
City-St-Zip: PALATKA, FL 32177

Title: DB ( ) Delete  
Name: BAKER, ROBERT L  
Address: 225 BENHAM ST  
City-St-Zip: PALATKA, FL 32177

Title: DE ( ) Delete  
Name: BOONE, AUDREY  
Address: 408 N 16 ST, #B12  
City-St-Zip: PALATKA, FL 32177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH THOMAS

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date